

# **EXHIBIT 3**



For Company use only:		
Branch/District and Agency Numbers <u>95L 1 818-1</u>		
Payment Direction (circle one):	Payee	<u>Branch/District</u> Broker

Individual Life Death Claim Form

In order to process your claim as quickly as possible we need some information about you and the insured. Please submit the insurance policies, and an official certified copy of the death certificate with the claim form. Each claimant must submit his or her own claim form. Only one certified copy of the death certificate must be submitted.

A. Insured Information

Name BANG CHAO LIN Date of Death 8/6/1989  
8/11/2006

Please list all life insurance policy numbers on which you are filing claim  
993001679 PR-R 204126416 ET

All policies listed below (except those where claim is being made under a Waiver of Premium rider) should be submitted with your claim.  
If policies are not attached, please state why: \_\_\_\_\_

Address 38 DAISY, IRVINE, CA 92618  
Number Street Name Apt/Box # (if any) City State Zip

Marital Status: Single \_\_\_\_\_ Married ☒ Widow/Widower \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Date of Birth 8/6/1969 Place of Birth TAIWAN

Is Claim being made for Accidental Death Benefits? Yes \_\_\_\_\_ No ☒ (If yes, please refer to the Additional Information on page 6.)

If you would like us to check for additional life insurance coverage with MetLife or with one of our affiliates listed below, please be sure to complete Section G of the claim form on page 4.

B. Claimant Information

Name JEAN LIN Date of Birth 5/19/1971 Sex: Male \_\_\_\_\_ Female ☒

Social Security or Trust/Estate Identification Number or Social Security Number of any minor child: 128 1 64 1 5329

Phone Number (in case we need to contact you). Day (949) 551-6301 Evening ( ) \_\_\_\_\_

Address 38 DAISY, IRVINE, CA  
Number Street Name Apt/Box # (if any) City State Zip

Your relationship to the insured. Husband/Wife ☒ Child \_\_\_\_\_ Other \_\_\_\_\_ (Explain)

E-mail Address (if available) \_\_\_\_\_

C. Claimant Signature & Tax Certification

Your Social Security or Trust/Estate Identification Number or Social Security Number of the minor child: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are claiming on behalf of a minor child, please provide the child's name, address, and telephone number

Under the penalties of perjury I certify:

1) That the number shown above is my correct taxpayer identification number; and 2) That I am not subject to backup withholding because: (a) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or U.S. resident for tax purposes. \* (Please note: Cross out and initial item 2 if subject to backup withholding as a result of a failure to report all interest and dividend income. The Internal Revenue Service does not require your consent to any document other than the certifications to avoid backup withholding.)

\*If you are not a U.S. Citizen or a U.S. resident for tax purposes, please complete form W-8BEN.

Sign Here <u>[Signature]</u> Your Signature	Date <u>9/19/06</u>	First MetLife Investors Insurance Company General American Life Insurance Company MetLife Investors USA Insurance Company Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company New England Life Insurance Company MetLife Investors Insurance Company MetLife Investors Insurance Company of CA
Witness' Signature <u>[Signature]</u>	Date <u>9/19/06</u>	
Print Witness' Name <u>JUDY HUANG</u>	Witness' Address <u>17800 CASTLETON ST, #118, CITY OF INDUSTRY, CA 91748</u>	